

Foster Family Home - Corrective Action Report

Provider ID: 1-510009

Home Name: Eliza Bonilla, CNA

Review ID: 1-510009-5

95-676 Lauawa Street

Reviewer: David Ayling

Mililani HI 96789

Begin Date: 9/6/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification made on 9/6/19.

6.(d)(1) - Home is in compliance with all requirements. Home will receive a 3 bed certification.

David Ayling
Compliance Manager

Eliza Bonilla
Primary Care Giver

9/6/19
Date

9-6-19
Date